

NH SURPLUS LINES TAXES
FOR THE MONTH OF _____
AGENCY/BROKER NAME: _____
SURPLUS LINES TAX ID NUMBER: _____

Pursuant to RSA 405:25, a monthly report containing the following information must be provided to the NEW HAMPSHIRE INSURANCE DEPARTMENT, 56 OLD SUNCOOK ROAD, CONCORD NH 03301-5151, on or before the tenth day of each month covering all insurance policies procured under an producer’s surplus lines license during the prior calendar month.

<u>INSURED NAME & ADDRESS</u>	<u>PROPERTY/RISK DESCRIPTION</u>	<u>PROPERTY/RISK LOCATION</u>	<u>SURPLUS LINES COMPANY</u>	<u>FOREIGN AGENT/BROKER’S NAME & ADDRESS</u>	<u>POLICY/BINDER NUMBER</u>	<u>TRANSACTION TYPE</u>	<u>POLICY TERM</u>	<u>PREMIUM AMOUNT</u>	<u>2% TAX DUE</u>
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I, the undersigned, do hereby certify that I was unable to procure in any company admitted to do business in this state the amount of insurance necessary to protect the property, liability or risk desiring to be insured and the amount of insurance procured is only the excess coverage not obtainable from licensed companies. (Three (3) declinations required). I certify that the facts reported herein are true and accurate.

Name of Surplus Lines Producer

_____ Date _____

By _____ Surplus Lines Producer ID # _____

Sworn to before me this _____ day of _____, 2003

_____ My Commission Expires _____
Notary Public or Justice of Peace

PLEASE NOTE: This form is also available on our Web Site: www.state.nh.us/insurance